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How about a Nasal Wash to Treat COVID?

[https://www.americanthinker.com/articles/2022/01/how\\_about\\_a\\_nasal\\_wash\\_to\\_treat\\_covid.html](https://www.americanthinker.com/articles/2022/01/how_about_a_nasal_wash_to_treat_covid.html)

By Keith R. Jackson, M.D.

As with most viral respiratory illnesses, the primary entry point into the human body is through the nose. Once in the nasal passages, viruses propagate exponentially on nasal mucous membranes. With COVID-19, this rapid growth is especially prolific, leading researchers to seek means to decrease the nasal mucosal viral load. A recent podcast (1) between Joe Rogan and Dr. McCullough that "went viral" mentions this research and makes some recommendations for nasal lavage — saltwater and antiseptic options to rinse out the nasal passages. This simple, cheap, and available hygienic maneuver should be added to our therapeutic armamentarium, along with antiseptic gargles.

Probably the most transparently wrong choice that our federal government/CDC/Dr. Fauci/mainstream media made during the past two years has been the desire to shut off, and even demonize, discussions about therapeutic options to treat COVID-19. They did this so we would focus instead on the vaccine as the end-all and be-all "cure." Unfortunately, because COVID-19 is much like other respiratory viruses, mutating too frequently for vaccines to catch up, and because the mRNA "shortcut-to-cure" spike protein-centric vaccine is tremendously less effective than naturally acquired immunity (2), it is past time to focus on therapeutic measures. (Then again, herd immunity from the less deadly omicron variant might make this article moot.)

Part of the reason for all the blowback from the public about how this plague has been handled is the irrational demonization and politicization of available treatment options. We'll never forget the ridicule President Trump received from the mainstream media when he suggested that gargling with a type of bleach could slow down the transmission of COVID-19 and even might shorten the illness. It turns out that some dentists have been using sodium hypochlorite for many years for oral pathogens (3), and it helps! Just make sure it's really diluted with water, and you swish and spit.

There is a multitude of studies now that confirm the efficacy of "doctored" saline nasal sprays. The easiest to obtain, with proven >99% success in eradication of discoverable nasal viral load, is a mixture of over-the-counter saline nasal lavage with added povidone iodine (4). Just adding a tablespoon of this liquid, dark brown antiseptic to six ounces of saltwater irrigation for the nose has been shown both to shorten the illness and decrease the transmissibility of COVID-19 (5). (Interestingly, all strengths of the iodine/saline solution worked in their studies, so being an accurate chemist when mixing is less of an issue.)

These studies mentioned quite a few other additives that would or should be similarly effective. This would be important to those with a shellfish allergy because these people usually avoid iodine. Hydrogen peroxide with saline and carragellose (Algovir Cold Spray) is another easily obtained and effective nasal lavage antiseptic (6).

Gargling with antiseptics is another encouraged therapeutic. Mentioned in these studies is everything from povidone iodine/saline, hydrogen peroxide/saline, essential oils, green tea extract with pomegranate and aronia juice, Dequonal, and Octenisept to Listerine Cool Mint with and without alcohol. (My non-dental reviewers did not test bleach, even though it is notoriously anti-infective.)

Dr. McCullough espouses washing out both sides of the nose and gargling with the iodine/saline mixture followed by gargling with Listerine. He suggests repeating this every four hours until symptoms abate, then decreasing the frequency as the illness resolves. He says this is similarly effective to the vaccine in shortening the illness and decreasing transmissibility, attributing a 75% efficacy to each.

While I do not agree with everything this much more highly published and expert physician said on the Rogan podcast (see addendum), I think we should incorporate his recommendation when we encounter a person with COVID or notice symptoms of a respiratory infection. And not only for COVID-19, as just going to Thanksgiving or Christmas and encountering a sick child is reason enough to start a lavage/gargle. (Grandchildren are a leading cause of death of grandparents. They're also the reason grandparents most want to live, to share their young lives. If a spray facilitates the latter over the former, why not do it?)

The "retrospectroscope" will ultimately shed a lot of light on what should and could have been done differently in this dystopian government response to COVID-19. We should take each bit of acquired medical knowledge we are gaining and be thankful that something positive is being learned, especially when it is cheap and without significant risk.

Addendum: The areas where there is room to debate Dr. McCullough are many, but the use of the term "never" is one that raises the hair on the necks of scientists everywhere. Saying COVID-19 is never something that can be caught twice, is never transmissible through contacts other than airborne, takes a two-and-a-half-hour exposure, and cannot be transmitted if the carrier is not sick — all that is hard to believe. In viral illness, it is well known that "a large portion of those infected release the virus before initial symptoms appear" (6), making the transmission of COVID-19 risky in recently exposed individuals who are not yet symptomatic.

My family caught the original COVID-19 infection just before my father exhibited symptoms, with brief exposure when the virus first hit (I realize that this is not a "scientific" statement), and we got the omicron variant as well (ditto). And my grandson got me sick by sticking his snotty finger in my nose (ditto)! In my experience, the "truth" is probably somewhere in between my feelings and experience and Dr. McCullough's facts.

UPDATE: We have been advised, although have not confirmed, that, during the Dr. Malone / Rogan Podcast that took place after Dr. McCullough's conversation with Rogan, it turned out that McCullough asked Malone to correct the former's erroneous statement about reinfection and Malone did.

(1) Joe Rogan interviews Dr. Peter McCullough, YouTube, Dec. 17, 2021.

(2) "Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity; reinfections versus breakthrough infections," Grazi, Shlezinger, Perez, et al. (not peer reviewed as of yet, but presented on MedRxiv).

(3) "Inhibitory effects of antiseptic mouthrinses on Streptococcus mutans, Streptococcus sanguinis, and Lactobacillus acidophyllus," Evans, et al., Australian Dental Journal, Vol. 60, no. 2, June 2015, pp 247–254.

(4) "Virucidal Efficacy of Different Oral Rinses Against Severe Acute Respiratory Syndrome coronavirus 2," Journal of Infectious Diseases, 2020.

(5) "Efficacy of Povidone-Iodine Nasal and Oral Antiseptic Preparations Against Severe Acute Respiratory Syndrome — Coronavirus 2 (SARS-CoV-2)," Pelletier, Tessewe, Westover, et al., Ear Nose and Throat J. 2021 Apr; 100.

(6) "Virucidal gargling and virucidal nasal spray" Kramer, Eggers, Hubner, Walger, et al., GMS Hygiene and Infection Control, 2021;16: Dec 02.